

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Actual Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date of Submission	13/03/2023 13:57 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	10/03/2023 15:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BALESTIER ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNE872H
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	FITNESS FACTORY PTE LTD
Company Reg No	2XXXXX209D
Email Address	AUGUSTINE@FITNESSFACTORY.COM.SG
Mobile Phone No	(Phone) +65-96588644
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	GTR
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	3800

INSURANCE COMPANY

Name of Insurance Company	Etiqua Insurance Pte Ltd
Policy Number / Cover Note Number	MA026886

DRIVER

Name of Driver	AUGUSTINE LEE KONG SEONG
NRIC No	SXXXX259C
Date Of Birth	11/09/1954
Occupation	Indoor

Date Of Driving Pass	28/06/1984
Driving experience	38 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96588644
Alt. Phone Number	-
Email Address	AUGUSTINE@FITNESSFACTORY.COM.SG
Address	BLK 118 POTONG PASIR AVE 1 #02-966
Address complement	-
Postcode	350118
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	OWNER
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - U-Turn
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO THE SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMW9123U
Vehicle Manufacturer	Mazda
Vehicle Model	6
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	KOH JUN SONG
NRIC No	SXXXX523E

Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

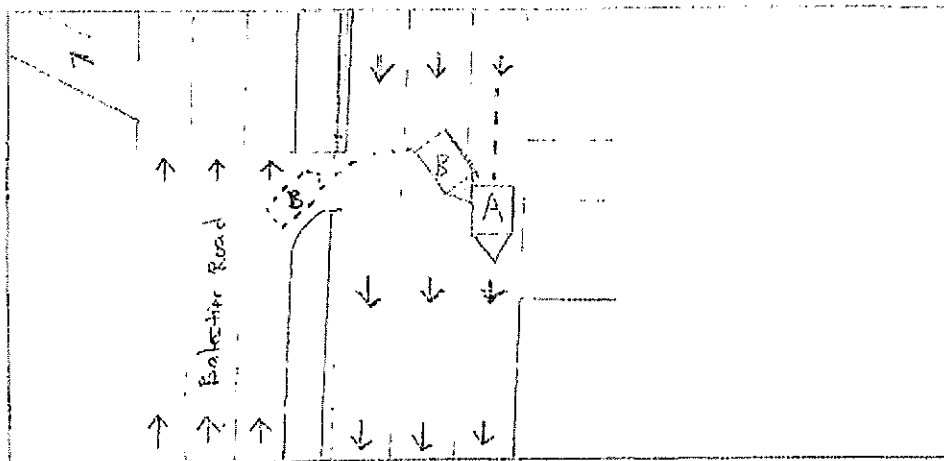
SKETCH PLAN



SKETCH PLAN

IMPORTANT NOTICE

- [illegible]

Sketch Plan



Policyholder's Signature / Name: _____ Date: ____/____/____

Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre
Personnel

ALLUCCES RESTAURANT

SKETCH PLAN #2

Date of accident: 20/03/2023 Time: 5:30 pm Location: Palasier Road towards Thomson
 My Vehicle A: S NE 872 W Vehicle B: BMW 9123 U Vehicle C: _____

SKETCH PLAN

Describe Circumstances of the Accident


As I was driving along Palasier Road in lane 3
 the vehicle B which was making a U-turn from the
 opposite road cut across 3 lane and collided into
 the rear right hand side of my vehicle.

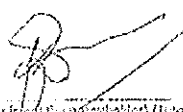
There were no injury

Note: Please take note that your insurer have 14 days timeframe for you to submit your damage claim under
 your own policy. Kindly check with your own insurer for more information.

☐ Claim OD/TP at Ah Lim Motor ☒ Claim OD/TP at other workshop ☐ Reporting Only

We declare the foregoing particulars to be true in every respect.


 Policyholder's Signature (Name &
 Title)


 Officer's Signature (If driver is not the policyholder) (Name
 & Title)


 Witnessed by Accredited Centre
 Personnel

Date: 13/03/2023